

item Medical Outcomes Study Short-Form Health Survey version 2 (SF-12v2) among adults with autism. **METHODS:** Study data was collected using an online survey (Qualtrics software system) of 291 adults with autism registered with the Interactive Autism Network (IAN). Using confirmatory factor analysis, construct validity of the SF-12v2 was examined by comparing model fits across four different iterations of the SF-12v2 two-factor structure. Known-groups validity was assessed by comparing SF-12v2 physical component summary (PCS) and mental component summary (MCS) score by autism severity. Internal consistency reliability was determined using Cronbach's alpha. Floor and ceiling effects were assessed based on the percentage of participants scoring the lowest and highest possible score, respectively. **RESULTS:** Results from CFA indicated an adequate fit with the data for the two-factor SF-12v2 model with minor modifications. As per known-groups validity, the SF-12v2 MCS domain adequately distinguished adults with autism by severity, with higher MCS score observed among adults with low autism severity as compared to those with high autism severity. However, contrary results were observed for the PCS domain. High internal consistency reliability was observed for the PCS domain (Cronbach's alpha 0.87), MCS domain (Cronbach's alpha 0.73), and overall instrument (Cronbach's alpha 0.84). There were no floor and ceiling effects. **CONCLUSIONS:** The SF-12v2 had good construct validity, and the factor structure fit well with the data. The known-groups validity of the SF-12v2 warrants further investigation in this population. Reliability of the instrument was good, and there were no floor and ceiling effects. Overall, SF-12v2 had adequate psychometric properties among adults with autism.

#### PMH67

##### CONTENT VALIDITY OF THE SR-MAD RX OPIOIDS INSTRUMENT FOR USE IN PATIENTS WITH ACUTE OR CHRONIC PAIN

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**OBJECTIVES:** To assess the content validity and patient interpretation of the Self-Reported Misuse, Abuse and Diversion (SR-MAD) of Prescription (Rx) Opioids instrument. **METHODS:** A cross-sectional, qualitative study was conducted in patients with chronic or acute pain. Patients were recruited from 3 clinical sites based on three patient groups (opioid naïve, known opioid abusers, and chronic opioid non-abusers) to participate in a one-on-one cognitive interview. Patients completed the SR-MAD instrument via web-administration and then participated in an in-depth discussion following a semi-structured interview guide to assess the patient's understanding of the questionnaire. Descriptive statistics and content analysis were performed. **RESULTS:** Thirty-seven patients were interviewed: 11 opioid naïve; 13 known abusers; and 13 non-abusers. Mean age was 55 ± 13.5 years (range 26 to 84); 33 patients (89%) experienced chronic pain, three (8%) experienced acute pain, and one (3%) experienced both chronic and acute pain. Overall, most patients (n=31, 84%) demonstrated a comprehensive understanding of the questionnaire's content and reported the SR-MAD was easy to complete via web-administration. The majority of patients (n=28, 76%) reported they were truthful when completing the questionnaire and most (n=22, 59%) said they were comfortable completing the questionnaire using a secure internet site. Although some patients (n=15, 41% [opioid naïve n=5, known abusers n=7, and non-abusers n=3]) reported there were questions about opioid misuse that were not applicable to them, they all understood what was being asked and thought the questions would be relevant if they were abusing pain medication. Eight patients (known abusers n=4, non-abusers n=1, opioid naïve n=3) reported they were not comfortable answering the SR-MAD honestly in a clinic/doctor's office. **CONCLUSIONS:** The SR-MAD was developed based on patient input and addresses opioid abuse, misuse, and diversion. Additional interviews with aberrant opioid abusers are underway to further examine the content validity of the SR-MAD.

#### PMH68

##### QUALITY OF LIFE AMONG ADULTS WITH AUTISM SPECTRUM DISORDERS

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**OBJECTIVES:** The purpose of this study was to determine the predictors of quality of life (QOL) among adults with autism. A modified version of Wilson and Cleary's QOL conceptual model was used to study the relationship between autism severity, coping, functional independence, social support and QOL in adults with autism. **METHODS:** A cross-sectional, descriptive quantitative design was utilized for this study. An internet-based survey using Qualtrics online software system was administered to adults with autism enrolled with the Interactive Autism Network (IAN). Among these adults, those who were: 1) aged 18 years and above; and 2) capable of self-reporting with little or no proxy help were identified and approached for participation. Structural equation modeling (SEM) was used to identify the inter-relationship among study variables and to identify the factors influencing QOL among adults with autism. **RESULTS:** The survey sample included 262 adults with autism. Results from the SEM analysis revealed the modified Wilson and Cleary's QOL model tested in the study to have an adequate fit (chi-square=49.75, df=17; RMSEA=0.88; CFI=0.95). Significant correlations among coping, functional independence, social support and QOL domains (p<0.05) were observed. Study results depicted autism severity, maladaptive coping, appraisal social support and functional independence as significant predictors of physical and environment QOL. Autism severity had a significant (p<0.05) negative impact on physical, psychological and environment QOL. Higher degree of social support and adaptive coping were found to have a positive influence on QOL. **CONCLUSIONS:** Modifiable variables including social support and coping were found to influence QOL among adults with autism. Physicians and other health care professionals involved in the management of autism among these adults should consider these factors when designing treatment intervention strategies.

#### PMH69

##### IMPACT OF BINGE EATING DISORDER ON WORK PRODUCTIVITY AND SOCIAL FUNCTIONING IN A REPRESENTATIVE SAMPLE OF UNITED STATES ADULTS

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**OBJECTIVES:** Binge Eating Disorder (BED) recently moved, with slight modification, from the DSM-IV appendix to a fully recognized disorder in DSM-5. There is limited information on the impact of BED on productivity and social functioning. One cross-national epidemiological study reported BED was associated with an increased number of days of role impairment. We report here the associations of DSM-5 defined BED, with work productivity and functional impairment in the work/school, social and family life domains. **METHODS:** An Internet survey of a representative sample of US adults, conducted in fall, 2013, included questions related to demographics, general health, psychiatric comorbidities, assessment for DSM-5 criteria for BED, the Work Productivity and Activity Impairment questionnaire (WPAI) and the Sheehan Disability Scale (SDS). SDS and WPAI were compared (BED vs no BED groups) via ANOVA. **RESULTS:** Among 22,397 respondents, 344 (1.5%) participants (242 women and 102 men) met full DSM-5 criteria for BED, 1,616 (7.2%) reported overeating with loss of control but not meeting DSM-V criteria for BED. The remainder of the respondents, 20,437 (91.3%), may have reported overeating but no other BED symptoms. Relative to those with no BED, those with BED had higher mean[SD] impairment on SDS work/school (3.86[3.62]) vs 1.01[2.21], p<0.001, social life (5.29[3.49] vs 1.22[2.33], p<0.001) and home/family life (4.89[3.44] vs 1.18[2.26], p<0.001). As measured by WPAI, those with BED, compared to those in the no BED group, had higher mean[SD] scores for absenteeism (9.59[19.97] vs 2.90[12.95]), presenteeism (30.00[31.64] vs 10.86[20.07]), work productivity loss (33.19[33.85] vs 12.60[23.22]), and activity impairment (43.52[34.36] vs 19.94[27.22]) respectively (p<0.001 for all). **CONCLUSIONS:** This is the first large population study to examine the association of BED, using DSM-5 criteria, with work productivity and daily functioning. Results suggest that those with BED experience considerable impairment in functioning and work productivity relative to those without BED.

#### PMH70

##### DO DEPRESSED PATIENTS ON ADJUNCTIVE ATYPICAL ANTIPSYCHOTICS DEMONSTRATE A BETTER QUALITY OF LIFE COMPARED TO THOSE ON ANTIDEPRESSANTS ONLY? (A COMPARATIVE CROSS-SECTIONAL STUDY OF A NATIONALLY REPRESENTATIVE SAMPLE OF THE UNITED STATES POPULATION)

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**OBJECTIVES:** The adjunctive use of some atypical antipsychotics (AAPs) has shown to provide some benefits in improving the depressive symptoms in patients with treatment-resistant depression. However, little is known about the impact of these agents on patients' health-related quality of life (HRQoL). **METHODS:** Patients with self-reported depression (ICD-9: 296, 300, and 311), and have used the given AAPs and/or antidepressants for at least a year, were identified in the Medical Expenditure Panel Survey (MEPS) of 2008-2011. The patients were classified into users of adjunctive AAPs (i.e., antidepressants plus AAPs) and users of antidepressants only. The AAPs were identified based on documented evidence, and included risperidone, aripiprazole, quetiapine, olanzapine, and ziprasidone. Multivariate linear regression analyses were conducted to determine whether the utilization of AAPs was associated with the Physical Component Summary-12 (PCS12) or with Mental Component Summary-12 (MCS-12) of HRQoL measure. Socio-demographics, Charlson Comorbidity Index, psychotherapy (i.e., cognitive behavioral therapy), Patient Health Questionnaire-2 (PHQ-2) scores, and the number of prescription medications associated with depression were controlled. **RESULTS:** A total of 3,638 participants reported to have depression and to have used the given AAPs and/or antidepressants for at least a year during the period of 2008-2011 (306 on AAPs vs. 3,332 on antidepressants only). The study subjects were ≥18 years, predominantly White (91.9%) and female (71%). The adjunctive AAPs utilization was not associated with higher scores in the PCS-12 (β = 1.455, 95% CI = -0.1366-3.0459, p=0.0729). Rather, it was negatively associated with the MCS-12 scores (β = -1.549, 95% CI = -3.0171--0.0822, p=0.0386). **CONCLUSIONS:** The adjunctive utilization of AAPs was not associated with higher scores of HRQoL. Future studies should examine whether poor mental scores of HRQoL have occurred from lower medication adherence to AAPs or from lower baseline HRQoL scores among users of adjunctive AAPs.

#### PMH71

##### ANTICHOLINERGIC DRUG USE AND HEALTH RELATED QUALITY OF LIFE (HRQOL) IN THE ELDERLY WITH DEMENTIA

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**OBJECTIVES:** People with dementia are sensitive to cognitive side effects of anticholinergic drugs and this may adversely affect their Health Related Quality of Life (HRQoL). The study examined the association between the use of drugs with anticholinergic properties and HRQoL among community-dwelling elderly dementia patients. **METHODS:** This was a retrospective longitudinal cohort study involving elderly (age ≥ 65 years) patients with a diagnosis of dementia, using data from Medical Expenditure Panel Survey (MEPS) panels 9 to 13. Each panel consisted of five rounds which spanned over the period of two years. Patients who used anticholinergic drugs in round 1 or 2 were excluded. Anticholinergic drug exposure was measured in rounds 3 and 4 using Anticholinergic Drug Scale (ADS), an ordinal scale that rates anticholinergic drugs into levels 0 - 3 in increasing order of anticholinergic potency. The outcomes of interest were Physical Component Score (PCS) and Mental Component Score (MCS) based on Short-Form 12 (SF-12) health survey, measured in round 4. Two separate multiple linear regressions analyses were performed to determine the association of anticholinergic drugs with PCS and MCS while adjusting for sociodemographic variables and baseline HRQoL measures. **RESULTS:** The study included 112 patients, of which, 15.18% used anticholinergic drugs. Majority of the study participants were between ages of 65-79 (53%), females (57%), and with poor or low family income (65%). After controlling for sociodemographic and baseline characteristics, anticholinergic drug use was significantly associated with 5.75 units reduction in PCS (p-value: 0.01) whereas no association was found between anticholinergic use and MCS. Baseline HRQoL measures were found significant in both models. **CONCLUSIONS:** Anticholinergic medications were associated with

reduced HRQoL, especially physical component score, in elderly dementia patients. The study findings suggest the need to evaluate anticholinergic burden, and if possible, use of these potentially inappropriate agents should be avoided in the vulnerable dementia patients.

#### PMH72

##### HEALTH-RELATED QUALITY OF LIFE OF PEOPLE WITH DOWN'S SYNDROME: INITIAL RESULTS FROM A NON-DRUG LONGITUDINAL MULTI-NATION STUDY

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**OBJECTIVES:** We examined Health-Related Quality of Life (HRQoL) of adolescents and adults with Down syndrome (DS) and test-retest reliability of the KIDSCREEN-27. **METHODS:** We conducted a multi-lingual, non-drug, longitudinal study in 8 countries. Sixty-one participants were included (30 males, 31 females). Assessments were performed at baseline and week 24. The KIDSCREEN-27 Parent-Form uses a 5-point Likert scale and comprises five domains: Physical Wellbeing (range 5-25), Psychological Wellbeing (range 7-35), Autonomy & Parent Relations (range 7-35), Peers & Social Support (range 4-20), and School Environment (range 4-20). Higher scores indicate improved HRQoL. A clinician global rating of improvement (ranging from 1 'very much improved' to 7 'very much worse') was used to assess participant clinical status. Intra-class correlations for participants rated as "no change" were calculated to assess test-retest reliability of the KIDSCREEN between baseline and week 24. **RESULTS:** The average age was 14 years and 23 years in adolescents (N=34) and adults (N=27), respectively. The following baseline KIDSCREEN raw scores were obtained for adolescents and adults respectively: Physical Wellbeing 17.4 ± 3.65 and 15.5 ± 2.94; Psychological Wellbeing 28.1 ± 3.65 and 28.4 ± 4.02; Autonomy and Parent Relations 26.0 ± 4.92 and 28.4 ± 4.16; Peers and Social Support 12.1 ± 3.74 and 13.6 ± 4.14; School Environment 15.4 ± 2.41 and 15.6 ± 2.08. Thirty-five respondents were deemed stable. The KIDSCREEN-27 showed fair to good test-retest reliability (range ICC 0.44 to 0.76) with the exception of Autonomy and Parent Relations (-0.16) and Psychological Wellbeing (0.19) in adolescents, and Physical Wellbeing (0.32) and School Environment (0.30) in adults. **CONCLUSIONS:** At baseline both adolescents and adults displayed a reasonable HRQoL as measured by the KIDSCREEN-27. Test-retest reliability may have been influenced by the long timeframe between the two assessments.

#### PMH73

##### SUBSTANCE USE AND EMPLOYMENT OUTCOMES AMONG PATIENTS INITIATING EXTENDED-RELEASE NALTREXONE (XR-NTX): REAL-WORLD DATA FROM THE XR-NTX OPIOID DEPENDENCE REGISTRY

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**OBJECTIVES:** Opioid dependence not only impacts health outcomes and health care costs in the US, but also imposes a large economic burden on the workplace. Estimated lost workplace productivity accounts for the largest share (~\$25.6 billion or 45.6%) of total societal costs.<sup>4</sup> This study evaluated the impact of extended-release naltrexone (XR-NTX), available as a once-monthly injectable treatment option for preventing relapse to opioid dependence, on self-reported substance use and employment status, in patients treated in a real-world, naturalistic study. **METHODS:** Analysis of an open-label, single-arm, US multicenter registry of adult, opioid dependent outpatients initiating XR-NTX treatment following detoxification. Substance use and employment status in the previous 28 days were collected via the National Treatment Agency Treatment Outcomes Profile (TOP). Analyses were conducted in patients with data available from baseline until at least 6 months of XR-NTX treatment. Intra-subject paired hypothesis tests were conducted. **RESULTS:** A total of 112 (26.6%) of 403 enrolled registry patients had over 6 months of on-treatment follow-up, with 99 (24.6%) completing Month 6 assessments. Abstinence rates for opioids (45.5% to 95.0%; p=0.001), alcohol (64.7% to 78.8%; p=0.006), and stimulants (crack, cocaine and amphetamine) (82.8% to 96.0%; p=0.002) significantly increased from baseline to Month 6. Baseline to Month 6 unemployment rates significantly decreased from 53.5% to 37.4% (p=0.005). Among 53 patients unemployed at baseline, the majority (55.3%) reported employment at Month 6, with 17.0% indicating working 1-16 days and 28.3% working >16 days in the prior 28 days. **CONCLUSIONS:** In this real-world registry, XR-NTX was associated with increased rates of opioid abstinence, as demonstrated in previous controlled studies. While limitations include the uncontrolled design and the sample subset with 6 months of data, this is the first study to find that patients in XR-NTX treatment showed reductions in overall drug use, with concurrent increased employment.

#### PMH74

##### CHANGE IN EMPLOYMENT AND WORK PERFORMANCE AMONG CAREGIVERS

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**OBJECTIVES:** The objective of this study was to identify factors associated with a change in work performance (Model #1) and with a change in employment status (Model #2) among informal caregivers. We hypothesized caregiver burden and caregiver mental health were key potentially modifiable characteristics of these two outcomes. **METHODS:** A representative (U.S.) sample of 705 adult caregivers completed an online survey regarding their role as an informal caregiver and its impact on their employment. Model II examined 544 of the 705 respondents due to missing data. We conducted bivariate analyses and used multivariate logistic regression to assess the impact of caregiver burden, caregiver mental and physical health, caregiver relationship, and use of caregiving support services on: a change in work performance and a change in employment status. Sociodemographic variables were also examined. **RESULTS:** 32% (n=176) of caregivers reported being laid off or resigned from their position while 46% (n=322) reported caregiving some-

what or very much affected their performance at work. In our multivariate logistic regression model examining change in employment status, the number of hours/week of caregiving, use of support services, a PHQ-2 depression score of 4+, caring for a spouse, younger age and lower income were statistically significant. In our analysis examining change in work performance, the number of hours/week of caregiving, use of support services, PHQ-2 score of 4+, providing assistance with greater number of ADLs and greater number of IADLs, and younger age were significant. **CONCLUSIONS:** Informal caregivers report high levels of change in employment and performance. Caregiver burden and the presence of depressive symptoms were strongly associated with a change in employment status and work performance as a result of caregiving. Efforts aimed at identifying high levels of caregiver burden and depressive symptoms among caregivers may potentially have an impact on employment for some caregivers.

#### MENTAL HEALTH – Health Care Use & Policy Studies

#### PMH75

##### MEDICAID COST AND UTILIZATION OUTCOMES IN OPIOID DEPENDENCE TREATMENT

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**OBJECTIVES:** Little is known about the real-world utilization and cost outcomes associated with different treatment modalities for opioid dependence. This study sought to analyze pre- and post-treatment cost and service utilization data from a multi-site, retrospective, naturalistic study of opioid dependent adults in three Pennsylvania residential rehabilitation programs. **METHODS:** De-identified retrospective electronic data on 7,687 patients treated in one of three residential treatment centers in Pennsylvania were linked with Medicaid administrative data. Duration of Medicaid supported treatment and relative Medicaid costs and treatment patterns were compared across 4 different treatment modalities: 1) extended-release naltrexone (XR-NTX), 2) agonist (methadone), 3) partial agonist (buprenorphine), and 4) drug-free treatment. Costs and utilization patterns in the immediate phase after discontinuation were also compared. **RESULTS:** XR-NTX-treated (vs. non-medicated) patients were half as likely (odds ratio [OR] 0.47; 95%CI 0.22-1.00; p<0.05) to leave against medical advice (AMA), three times more likely to complete rehab (OR 3.26; 95% CI 1.70-6.23; p<.01) and twice as likely to initiate follow-up treatment within 7-10 days (OR 1.92; 95% CI 1.33-2.77; p<.01). Among the 4,311 patients for whom Medicaid data were available, costs among XR-NTX treated patients were lower than for a non-XR-NTX treated comparison group in the month following treatment discontinuation (\$1,463 vs. \$1,613). **CONCLUSIONS:** Although the study is limited due to non-randomization and retrospective administrative data, it represents real-world clinical experience and health care spending costs. Patients receiving XR-NTX were less likely to leave residential treatment AMA, more likely to initiate follow-up treatment, and had lower Medicaid costs in the month following treatment discontinuation.

#### PMH76

##### A+KIDS: FINDINGS 2-YEARS POST-IMPLEMENTATION OF A WEB-BASED REGISTRY FOR ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS

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**OBJECTIVES:** Children and adolescents with severe behavioral health problems are often treated with complex psychoactive medication regimens with unclear diagnostic and treatment history, amplified by sporadic and often poorly-coordinated treatment. Recently, the use of antipsychotic medications in children has grown substantially among DMA enrollees and now constitutes \$44.4 million in pharmacy reimbursement costs annually. **METHODS:** Policy was developed that required prescribers to register patients via A+KIDS, a web portal, when prescribing antipsychotics in patients under 18 years old before the medication could be approved for pharmacy reimbursement. Required registration elements included a patient's primary diagnosis, target symptom, initiating prescriber, caregiver support of medication use, adverse drug events, and metabolic monitoring deemed best practice. A+KIDS registry data, including children age 17 and under data, were used to examine the first two years of the registry. **RESULTS:** A total of 1650 providers made 51346 requests for 20434 patients in the first two years of the registry. The most commonly requested drug was Risperidone (40.68% of the requests). "Bipolar Disorder," "ADHD," and "Oppositional Defiant Disorder" were the three most common diagnoses (33.76%). "Aggression towards others," "Irritability" and "Tantrums/temper" were the most common target symptoms (62.12%). Over half (52.48%) of the medications were first prescribed by an outpatient psychiatrist. Glucose monitoring increased from 52% to 64% and lipid monitoring from 27% to 46% for children on antipsychotics. **CONCLUSIONS:** Most prescribers of antipsychotics in children were enthusiastic about participating in the prescribing registry, expressing concern about prescribing in an ill-coordinated environment with high risk of serious adverse events and long term side effects. Asking prescribers about glucose and lipid values increased monitoring significantly with implementation of the registry. The registry has the potential for increasing awareness about the effects and usefulness of these medicines by enhancing claims data with clinical data.

#### PMH77

##### THE RELATIONSHIP BETWEEN STATE PRESCRIPTION DRUG MONITORING PROGRAM CHARACTERISTICS AND CONTROLLED SUBSTANCE DISPENSING TO MEDICAID BENEFICIARIES

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**OBJECTIVES:** Prescription Drug Monitoring Programs (PDMPs) have been enacted by several states to combat the abuse and diversion of controlled substances (CS).